

## HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470 email: ethics@hawaiiethics.org

Web site: www.hawaii.gov/ethics

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LOBBYIST REGISTRATION FORME OF HAWAII

	(Type or	Print Clearly) STA	TE ETHICS COMMISSION	
PART I LOBBYIST				
NAME (Last)	(First)	(Middle)	TELEPHONE	
Kahele	Mel		671-4344	
MAILING ADDRESS (Street)			FAX	
92-662 Palailai Street			EMAIL	
(City)	(State)		(Zip Code)	
Kapolei	HI		96707	
EMPLOYING ORGANIZATION (Fill in on	D lobby) TELEPHONE			
MAILING ADDRESS (Street)			FAX	
			EMAIL	
(City)	(State)		(Zip Code)	

PART II ORGANIZATIO	ON		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
HI Ironworkers Stabilization Fund		671-4344	
MAILING ADDRESS (Street)		FAX 671-6901	
94-497 Ukee Street		EMAIL stab625@yahoo.com	
(City)	(State)	(Zip Code)	
Waipahu	HI	96797	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Arnold Wong		671-4344	
MAILING ADDRESS (Street)		FAX 671-6901	
Same as above		EMAIL stab625@yahoo.com	
(City)	(State)	(Zip Code)	

Agriculture	<b>Education</b>	✓ Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operation & Finance	<ul> <li>Intergovernmental Relations, International Affairs</li> </ul>	<b>✓</b> Tourism & Recreation
Consumer Protection & Commerce	✓ Hawaiian Affairs	✓ Labor & Employment	<b>✓</b> Transportation
Culture, Arts, Historic Preservation	<b>✓</b> Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	<b>✓</b> Housing	✓ Public Safety & Corrections	
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I hereby certify that the	ne information furnished abov	e is, to the best of my knowle	uge, correct and complete.
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melle	(Signature of Lobbyist)		2/27/12
PART V AUTHORIZAT	- 4.C. Kale		2/2-7/12 (Date)
PART V AUTHORIZAT	(Signature of Lobbyist)	TITLE OF AUTHORIZING OFFICE	2/2-7/12 (Date)
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PART V AUTHORIZAT NAME Arnold Wong NAME OF ORGANIZATION (if	(Signature of Lobbyist)  ION TO LOBBY  applicable)	TITLE OF AUTHORIZING OFFICE Director	2/2-7/12 (Date) ER OR PERSON REPRESENTE
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(Signature of Authorizing Officer or Person Represented)

(Date)